

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 06/25/01, 06/27/01, 06/28/01, 06/29/01, 07/02/01, 07/05/01, 07/06/01, 07/09/01 and 07/10/01?
- b. The request was received on 06/27/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/18/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 06/27/02
"An MDR is being requested on the above mentioned injured employee. We have sent in several requests to have the claims processed with no response. Therefore, we do not have the EOB's for the claims in dispute."
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are 06/25/01, 06/27/01, 06/28/01, 06/29/01, 07/02/01, 07/05/01, 07/06/01, 07/09/01 and 07/10/01.
2. The provider states that EOBs have not been provided by the Carrier nor has the carrier responded to the Medical Dispute.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
06/25/01	95900	\$384.00	\$0.00	None	\$384.00	Texas Workers' Compensation Act & Rules, Rule 133.307 (g)(3)(B)	When determining whether or not reimbursement is warranted, the Medical Review Division must first determine that all services were rendered as billed. Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this dispute. Therefore, no reimbursement is recommended.
06/27/01	95904	\$384.00	\$0.00	None	\$384.00		
06/28/01		\$640.00	\$0.00	None	\$640.00		
06/27/01 through 07/10/01	97032	\$44.00 on each DOS	\$0.00 on each DOS	None	\$44.00 on each DOS		
06/27/01 through 07/10/01	97035	\$44.00 on each DOS	\$0.00 on each DOS	None	\$44.00 on each DOS		
06/27/01 through 07/02/01	97530	\$70.00 on each DOS	\$0.00 on each DOS	None	\$70.00 on each DOS		
07/05/01 through 07/09/01	97250	\$43.00 on each DOS	\$0.00 on each DOS	None	\$43.00 on each DOS		
07/10/01	97010	\$11.00	\$0.00	None	\$11.00		
06/27/01	97110	\$70.00	\$0.00	None	\$70.00		
06/28/01		\$70.00	\$0.00	None	\$70.00		
06/29/01		\$35.00	\$0.00	None	\$35.00		
07/02/01		\$70.00	\$0.00	None	\$70.00		
07/05/01		\$105.00	\$0.00	None	\$105.00		
07/06/01		\$105.00	\$0.00	None	\$105.00		
07/09/01		\$105.00	\$0.00	None	\$105.00		
Totals		\$3,092.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 2nd day December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division